



# City of Santa Barbara Application for Water and Sewer Service

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
(Please Print) First Middle Last (If one already exists)

(Or) Business Name: \_\_\_\_\_ Assessors Parcel No. \_\_\_\_\_

Service Address: \_\_\_\_\_ Apt./Suite #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Mark all new connections for which you are applying. For existing connections, skip to signature.

☐ **Water Service** (fill in one line for each meter requested; provide flow calculations for 1" or larger):

Meter Size	Service Address	Apt/ Suite #	Indicate type of service for each meter:				
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
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			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr
			<input type="checkbox"/> SF Resid (detached)	<input type="checkbox"/> MF Resid	<input type="checkbox"/> Com/Indus	<input type="checkbox"/> Irrigation Only	<input type="checkbox"/> Recycled Wtr

**Requested start of service date:**

☐ Immediately upon meter installation (billing starts from time of meter installation)

☐ Customer will contact the City billing office to start service (additional fee applies for each meter)

☐ **Sewer Service:** New sewer tap requested: \_\_\_\_\_ 4" \_\_\_\_\_ 6" (Indicate quantities if more than one.)

Note: Sewer charges will start as soon as the City's tap is installed, unless otherwise approved by the Director.

☐ **Fire Line Service:** Size of fire line tap requested: \_\_\_\_\_ 2" \_\_\_\_\_ 4" \_\_\_\_\_ 6" \_\_\_\_\_ 8" \_\_\_\_\_ 10"

I, the undersigned, do assume responsibility for, and guarantee payment of, all water bills incurred at the above address until I have given official notice to the City Water Billing Office to discontinue service. I agree to comply with all rules, regulations, and ordinances related to City water and sewer service as established by the City. I further agree to pay all water bills promptly within 20 days from the date the bill is mailed. Should my water bill become delinquent, I am aware that my water service may be temporarily interrupted until the bill and any delinquent and penalty charges are paid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check one: ☐ Owner ☐ Tenant ☐ Agent

**For Office Use Only:** Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

### CALCULATION SHEET

CITY OF SANTA BARBARA  
PUBLIC WORKS DEPARTMENT

PROJECT \_\_\_\_\_ SHEET \_\_\_\_\_

FEATURE \_\_\_\_\_ DESIGNED \_\_\_\_\_ DATE \_\_\_\_\_

ITEM \_\_\_\_\_ CHECKED \_\_\_\_\_ DATE \_\_\_\_\_